

**STATE OF CALIFORNIA**  
**OFFICE OF STATEWIDE HEALTH PLANNING AND DEVELOPMENT**

**HOSPITAL QUARTERLY FINANCIAL AND  
UTILIZATION DATA**

**PERSONAL COMPUTER DISKETTE**

**FOR CALENDAR QUARTERS ENDING IN**

**1995**

August 1995

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**OFFICE OF STATEWIDE HEALTH PLANNING AND DEVELOPMENT**

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## GENERAL INFORMATION

The Office of Statewide Health Planning and Development produces upon request, personal computer (PC) diskettes containing Hospital Quarterly Financial and Utilization Data. PC diskettes are available for every quarter since the first quarter of 1980.

Beginning in 1995, the PC diskette product contains three data files covering: 1) the current quarter, 2) the same quarter prior year, and 3) a four quarter aggregation ending with the current quarter. **This documentation applies only to diskettes produced from quarterly reports submitted for calendar quarters ending in 1995.** For the pre-1995 files, please refer to the documentation dated June 24, 1994.

The files are in a comma-delimited / comma-separated value (CSV) format and are in a self-extracting PKZIP® format. The comma-delimited format can easily be imported into most spreadsheets and data bases as well as other software. The first row will contain titles that can be used as data base names or spreadsheet titles. The titles are unique for each column and are eight characters or less.

If you are having or believe you will have trouble processing the CSV file format, please contact a technical representative in the Office's Data Users Support Group at (916) 322-2814 and indicate your concerns. The Office is attempting to upgrade the quarterly financial and utilization data products, but in no way wants to exclude anyone from access to the data.

Included in this documentation package are the file definitions of the Hospital Quarterly Financial and Utilization Report data and a detailed description of each data element (field). The files contain 85 data elements on each of the approximately 600 hospitals which reported financial and utilization information for a given calendar quarter to OSHPD.

If you have questions regarding the public disclosure of the Hospital Quarterly Financial and Utilization Report data, please contact the Data Users Support Group (DUSG) at (916) 322-2814.

### 1995 Quarterly Report Data

Diskettes are available in 3 1/2" (1.44Mb) or 5 1/4" (1.2Mb). The diskette will contain data for the current quarter, the same quarter prior year, and a four quarter aggregation ending with the current quarter. They can be used on IBM or compatible PCs operating under DOS Version 2.0 or higher with a recommended minimum of 640Kb of memory.

Should you be unable to process the 1.44Mb or 1.2Mb diskettes, contact DUSG to make arrangements for special request processing. This may entail additional time and expense.

### Pre-1995 Quarterly Report Data

Diskettes are available in 5 1/4" (360Kb or 1.2Mb) or 3 1/2" (720Kb or 1.4Mb) and will contain data only for the current quarter. To accommodate the 360Kb diskette, the data has been divided into two files. Hospitals located in Health Service Areas (HSAs) 1 through 10 are in one file, while hospitals located in HSAs 11 through 14 are in the second file. When higher capacity diskettes are requested by the client, as many files as possible will be placed on a diskette.

The file names will be on the diskettes when you receive them.

## GENERAL INFORMATION (CONTINUED)

### Data File Description

Each line (row) represents one hospital. The diskette will contain separate data files for the current quarter, the same quarter prior year, and the four quarter aggregation ending with the current quarter. All the data elements which are reported on the Hospital Quarterly Financial and Utilization Report are provided. Several other data elements, including HSA, HSPA, Peer Group, and Type of Control, have been added. Other fields, including inpatient and outpatient operating expenses, were derived from the reported data.

In the record layout that follows, these data format representations are used:

<u>CODE</u>	<u>Representation</u>	<u>Meaning</u>
TEXT	Alphanumeric <sup>1</sup>	Alphabetic and/or numeric data, left justified, and space filled
NUMERIC	Numeric (comma-delimited)	Only numeric values, no punctuation, right justified, and left space filled (leading hyphen for negative sign)

<sup>1</sup>There are double quotes (") around text fields in the comma-delimited (CSV) format since they may contain a comma as data.

### PKZIP® Self-Extracting File

The files on the diskette should have an extension of .EXE. Switch to the directory/subdirectory you wish to store the expanded data. Then type A:\filename.EXE. This assumes the diskette is in the A:\ drive. If the diskette is in another drive, substitute that drive letter for the "A". PKZIP® will then expand the file(s) into the current directory. This will need to be done with each .EXE file on the diskette.

## SUMMARY OF DATA LINES

This section provides a summary of the data contained in the files. It also indicates those lines that are new, optional, additional, calculated, and replaced. This section is included to provide a historical summary. In 1992, the number of quarterly report data items (lines) increased from 46 lines to 80. We added another line in 1994, and four more lines in 1995.

To allow comparability over this transition period and to ease the burden on many data users, we elected to maintain some consistency with line names, even though some lines were replaced during this time. For example, in 1992, we expanded the "other" payor category for reporting discharges into three payor categories (County Indigent Programs, Other Third Parties, and Other Payors). The diskette, however, will show all four lines, even though "other" discharges will be zero from 1992 through 1995.

A zero is used to denote a data item which is empty or blank. This means that the data item was either not applicable or no relevant financial or utilization data existed.

### New Data Lines

We added four new optional data lines to the quarterly report in 1995. Since these lines are not mandatory reporting items, hospitals may not report them consistently or uniformly from quarter to quarter. The new lines are:

<u>Line No.</u>	<u>Line Name</u>
205	Purchased Inpatient Services Discharges
210	Purchased Inpatient Services Patient Days
215	Purchased Inpatient Services Expenses
220	Purchased Inpatient Services Revenue

### Optional Data Lines

There are eight optional data lines, including the four new lines added in 1995, as noted above. Since these lines are not mandatory reporting items, hospitals may not report them consistently or uniformly from quarter to quarter. The optional lines are:

<u>Line No.</u>	<u>Line Name</u>
55	Discharges Long-term Care
75	Patient Days Long-term Care
110	Physicians Professional Component Expenses
200	Disproportionate Share Funds Transferred
205	Purchased Inpatient Services Discharges
210	Purchased Inpatient Services Patient Days
215	Purchased Inpatient Services Expenses
220	Purchased Inpatient Services Revenue

## SUMMARY OF DATA LINES (CONTINUED)

### Optional Data Lines (continued)

#### Additional Data Fields

There are four fields which are not reported on the quarterly report form, but are included on the file to assist data users. The additional fields are:

<u>Line No.</u>	<u>Description</u>
---	Health Service Area (HSA)
---	Health Facility Planning Area (HFPA)
---	Peer Group
---	Type of Control

#### Calculated Data Fields

There are two fields which are not reported by hospitals and are calculated using reported data. The calculated fields are:

<u>Line No.</u>	<u>Description</u>
---	Inpatient Operating Expenses
---	Outpatient Operating Expenses

#### Replaced Data Lines

There are seven lines for data items which were replaced in 1992. As noted previously, a zero will appear for these lines on the files for calendar quarters ended in 1992 forward. The replaced lines are:

<u>Line No.</u>	<u>Description</u>
---	Discharges Other
---	Patient Days Other
---	Outpatient Visits Other
---	Deductions Charity - 91-Other
---	Deductions Gifts and Subsidies for Indigent Care
---	Deductions Other Contractual Adjustments and Allowances
---	Net Patient Revenue Other

## SUMMARY OF DATA LINES (CONTINUED)

The fields which follow will appear on the PC files. An "X" denotes that the line existed in the files during 1992 forward.

<u>Line No.</u>	<u>Description</u>	<u>1992</u>	<u>1993</u>	<u>1994</u>	<u>1995</u>
2	OSHPD Facility Number	X	X	X	X
---	Year	X	X	X	X
---	Quarter	X	X	X	X
1	Name	X	X	X	X
4	City	X	X	X	X
---	HSA	X	X	X	X
---	HFPA	X	X	X	X
---	Peer Group	X	X	X	X
---	Type Of Control	X	X	X	X
19	Begin Date	X	X	X	X
20	End Date	X	X	X	X
25	Licensed Beds	X	X	X	
30	Available Beds	X	X	X	X
35	Staffed Beds	X	X	X	X
41	Discharges Medicare	X	X	X	X
42	Discharges Medi-Cal	X	X	X	X
43	Discharges County Indigent Programs	X	X	X	X
44	Discharges Other Third Parties	X	X	X	X
---	Discharges Other				
49	Discharges Other Payors	X	X	X	X
50	Discharges Total	X	X	X	X
55	Discharges Long Term Care	X	X	X	X
61	Patient Days Medicare	X	X	X	X
62	Patient Days Medi-Cal	X	X	X	
63	Patient Days County Indigent Programs	X	X	X	X
64	Patient Days Other Third Parties	X	X	X	X
---	Patient Days Other				
69	Patient Days Other Payors	X	X	X	X
70	Patient Days Total	X	X	X	X
75	Patient Days Long-term Care	X	X	X	
81	Outpatient Visits Medicare	X	X	X	X
82	Outpatient Visits Medi-Cal	X	X	X	X
83	Outpatient Visits County Indigent Programs	X	X	X	X
84	Outpatient Visits Other Third Parties	X	X	X	
---	Outpatient Visits Other				
89	Outpatient Visits Other Payors	X	X	X	X
90	Outpatient Visits Total	X	X	X	
100	Total Operating Expenses	X	X	X	X
---	Inpatient Operating Expenses	X	X	X	
---	Outpatient Operating Expenses	X	X	X	X
110	Physician Professional Component Expenses	X	X	X	X

## SUMMARY OF DATA LINES (CONTINUED)

<u>Line No.</u>	<u>Description</u>	<u>1992</u>	<u>1993</u>	<u>1994</u>	<u>1995</u>
121	Gross Inpatient Revenue Medicare	X	X	X	X
122	Gross Inpatient Revenue Medi-Cal	X	X	X	X
123	Gross Inpatient Revenue County Indigent Programs	X	X	X	X
124	Gross Inpatient Revenue Other Third Parties	X	X	X	
129	Gross Inpatient Revenue Other Payors	X	X	X	X
130	Gross Inpatient Revenue Total	X	X	X	X
131	Gross Outpatient Revenue Medicare	X	X	X	
132	Gross Outpatient Revenue Medi-Cal	X	X	X	
133	Gross Outpatient Revenue County Indigent Programs	X	X	X	X
134	Gross Outpatient Revenue Other Third Parties	X	X	X	
139	Gross Outpatient Revenue Other Payors	X	X	X	X
140	Gross Outpatient Revenue Total	X	X	X	X
141	Deductions Medicare	X	X	X	
142	Deductions Medi-Cal	X	X	X	
143	Deductions Disproportionate Share Payments	X	X	X	X
145	Deductions County Indigent Programs	X	X	X	X
146	Deductions Other Third Parties	X	X	X	X
147	Deductions Bad Debts	X	X	X	X
148	Deductions Charity - Hill-Burton	X	X	X	X
---	Deductions Charity - 91-Other				
149	Deductions Charity - Other	X	X	X	X
---	Deductions Gifts and Subsidies for Indigent Care				
150	Deductions Restricted Donations and Subsidies for Indigent Care	X	X	X	
151	Deductions Teaching Allowances	X	X	X	X
152	Deductions Clinical Teaching Support	X	X	X	X
---	Deductions Other Contractual Adjustment and Allowances				
159	Deductions Other Adjustments and Allowances	X	X	X	X
160	Deductions Total	X	X	X	X
161	Net Patient Revenue Medicare	X	X	X	X
162	Net Patient Revenue Medi-Cal	X	X	X	X
163	Net Patient Revenue County Indigent Programs	X	X	X	X
164	Net Patient Revenue Other Third Parties Net Patient Revenue Other	X	X	X	X
169	Net Patient Revenue Other Payors	X	X	X	X
170	Net Patient Revenue Total	X	X	X	X
180	Other Operating Revenue	X	X	X	X
185	Net Nonoperating Revenue and Expenses	X	X	X	X



# **SUMMARY OF DATA LINES (CONTINUED)**

<u>Line No.</u>	<u>Description</u>	<u>1992</u>	<u>1993</u>	<u>1994</u>	<u>1995</u>
190	Capital Expenditures	X	X	X	X
195	Fixed Assets, Net	X	X	X	X
200	Disproportionate Share Funds				
	Transferred			X	X
205	Purchased Inpatient Services Discharges				X
210	Purchased Inpatient Services Patient Days			X	
215	Purchased Inpatient Services Expenses				X
220	Purchased Inpatient Services Revenue				X

# OFFICE OF STATEWIDE HEALTH PLANNING AND DEVELOPMENT

## PC DISKETTE FILE SPECIFICATIONS (COMMA-DELIMITED FORMAT)

FILE NAME: Hospital Quarterly (See External Diskette Label For Specific Quarter And Year)

Record Length: 1200

### Record Layout

Column	Line #	Description	Position		Field Size
			Begin	End	
A	2	OSHPD Facility Number	1	9	9
B	---	Year	11	14	4
C	---	Quarter	16	16	1
D	* 1	Name	19	58	40
E	* 4	City	62	81	20
F	---	HSA	85	86	2
G	---	HSPA	90	93	4
H	---	Peer Group	97	98	2
I	---	Type Of Control	102	102	1
J	* 19	Begin Date	107	112	6
K	* 20	End Date	117	122	6
L	25	Licensed Beds	125	130	6
M	30	Available Beds	132	137	6
N	35	Staffed Beds	139	144	6
O	41	Discharges Medicare	146	153	8
P	42	Discharges Medi-Cal	155	162	8
Q	43	Discharges County Indigent Programs	164	173	10
R	44	Discharges Other Third Parties	175	184	10
S	---	Discharges Other	186	193	8
T	49	Discharges Other Payors	195	204	10
U	50	Discharges Total	206	213	8
V	55	Discharges Long-term Care	215	224	10
W	61	Patient Days Medicare	226	235	10
X	62	Patient Days Medi-Cal	237	246	10
Y	63	Patient Days County Indigent Programs	248	257	10
Z	64	Patient Days Other Third Parties	259	268	10
AA	---	Patient Days Other	270	279	10
AB	69	Patient Days Other Payors	281	290	10
AC	70	Patient Days Total	292	301	10
AD	75	Patient Days Long-term Care	303	312	10

\*Name, City, Begin Date, and End Date are text fields, and all other fields are numeric fields.

Numeric fields have leading spaces. If a numeric value is a negative number, the number will be preceded by a hyphen (-).

# OFFICE OF STATEWIDE HEALTH PLANNING AND DEVELOPMENT

## PC DISKETTE FILE SPECIFICATIONS (COMMA-DELIMITED FORMAT)

### RECORD LAYOUT

Column	Line #	Description	Position Begin	Field End	Size
AE	81	Outpatient Visits Medicare	314	323	10
AF	82	Outpatient Visits Medi-Cal	325	334	10
AG	83	Outpatient Visits County Indigent Programs	336	345	10
AH	84	Outpatient Visits Other Third Parties	347	356	10
AI	---	Outpatient Visits Other	358	367	10
AJ	89	Outpatient Visits Other Payors	369	378	10
AK	90	Outpatient Visits Total	380	389	10
AL	100	Total Operating Expenses	391	400	10
AM	---	Inpatient Operating Expenses	402	411	10
AN	---	Outpatient Operating Expenses	413	422	10
AO	110	Physician Professional Component Expenses	424	433	10
AP	121	Gross Inpatient Revenue Medicare	435	444	10
AQ	122	Gross Inpatient Revenue Medi-Cal	446	455	10
AR	123	Gross Inpatient Revenue Cnty Indigent Programs	457	466	10
AS	124	Gross Inpatient Revenue Other Third Parties	468	477	10
AT	129	Gross Inpatient Revenue Other Payors	479	488	10
AU	130	Gross Inpatient Revenue Total	490	499	10
AV	131	Gross Outpatient Revenue Medicare	501	510	10
AW	132	Gross Outpatient Revenue Medi-Cal	512	521	10
AX	133	Gross Outpatient Revenue County Indigent Programs	523	532	10
AY	134	Gross Outpatient Revenue Other Third Parties	534	543	10
AZ	139	Gross Outpatient Revenue Other Payors	545	554	10
BA	140	Gross Outpatient Revenue Total	556	565	10
BB	141	Deductions Medicare	567	576	10
BC	142	Deductions Medi-Cal	578	587	10
BD	143	Deductions Disproportionate Share Payments	589	598	10
BE	145	Deductions County Indigent Programs	600	609	10
BF	146	Deductions Other Third Parties	611	620	10
BG	147	Deductions Bad Debts	622	631	10
BH	148	Deductions Charity - Hill-Burton	633	642	10
BI	---	Deductions Charity - 91-Other	644	653	10
BJ	149	Deductions Charity - Other	655	664	10
BK	---	Deductions Gifts and Subsidies for Indigent Care	666	675	10
BL	150	Deductions Restricted Donations and Subsidies for Indigent Care	677	689	10
BM	151	Deductions Teaching Allowances	688	697	10
BN	152	Deductions Clinical Teaching Support	699	708	10

\*Name, City, Begin Date, and End Date are text fields, and all other fields are numeric fields.

Numeric fields have leading spaces. If a numeric value is a negative number, the number will be preceded by a hyphen (-).

# OFFICE OF STATEWIDE HEALTH PLANNING AND DEVELOPMENT

## PC DISKETTE FILE SPECIFICATIONS (COMMA-DELIMITED FORMAT)

### RECORD LAYOUT

Column	Line #	Description	Position Begin	Field End	Size
BO	---	Deductions Other Contractual Adjustment and Allowances	710	719	10
BP	159	Deductions Other Adjustments and Allowances	721	730	10
BQ	160	Deductions Total	732	741	10
BR	161	Net Patient Revenue Medicare	743	752	10
BS	162	Net Patient Revenue Medi-Cal	754	763	10
BT	163	Net Patient Revenue County Indigent Programs	765	774	10
BU	164	Net Patient Revenue Other Third Parties	776	785	10
BV	---	Net Patient Revenue Other	787	796	10
BW	169	Net Patient Revenue Other Payors	798	807	10
BX	170	Net Patient Revenue Total	809	818	10
BY	180	Other Operating Revenue	820	829	10
BZ	185	Net Nonoperating Revenue and Expenses	831	840	10
CA	190	Capital Expenditures	842	851	10
CB	195	Fixed Assets, Net	853	862	10
CC	200	Disproportionate Share Funds Transferred	864	873	10
CD	205	Purchased Inpatient Services Discharges	875	884	10
CE	210	Purchased Inpatient Services Patient Days	886	895	10
CF	215	Purchased Inpatient Services Expenses	897	906	10
CG	220	Purchased Inpatient Services Revenue	908	917	10
		Unused Space	918	1200	283

\*Name, City, Begin Date, and End Date are text fields, and all other fields are numeric fields.

Numeric fields have leading spaces. If a numeric value is a negative number, the number will be preceded by a hyphen (-).

## OFFICE OF STATEWIDE HEALTH PLANNING AND DEVELOPMENT

### DATA FIELD DEFINITION

**LINE NO.:** 2 (FAC\_NO.)

**FIELD NAME:** OSHPD FACILITY NUMBER

**DATA TYPE (NUMERIC/TEXT):** NUMERIC

**FORMAT:** GENERAL

**DESCRIPTION:** A unique nine-digit facility identifier assigned by OSHPD and created by the former California Health Facilities Commission (CHFC). Prior to January 1987, the identifier was derived by CHFC from the state license number assigned to each facility by the California Department of Health Services (DHS). Effective January 1987, DHS began using a new license numbering scheme. OSHPD chose not to renumber its facility identifiers. All new facilities are assigned a unique number by county in the 4000 range.

---

<u>VALUES</u>	<u>MEANING</u>
---------------	----------------

N/A	N/A
-----	-----

#### FORMAT

Positions	Description
1-3	Fixed value of '106'
4-5	County of facility (See next page)
6-9	Unique four-digit number within the county. Prior to January 1987, determined by DHS and derived from the last four digits of the state license number assigned by DHS. Since that time, new facilities have numbers assigned by OSHPD in the 4000 range.

# OFFICE OF STATEWIDE HEALTH PLANNING AND DEVELOPMENT

## DATA FIELD DEFINITION

### LIST OF CALIFORNIA COUNTIES

---

Code	Name	Code	Name
01	Alameda	30	Orange
02	Alpine	31	Placer
03	Amador	32	Plumas
04	Butte	33	Riverside
05	Calaveras	34	Sacramento
06	Colusa	35	San Benito
07	Contra Costa	36	San Bernardino
08	Del Norte	37	San Diego
09	El Dorado	38	San Francisco
10	Fresno	39	San Joaquin
11	Glenn	40	San Luis Obispo
12	Humbolt	41	San Mateo
13	Imperial	42	Santa Barbara
14	Inyo	43	Santa Clara
15	Kern	44	Santa Cruz
16	Kings	45	Shasta
17	Lake	46	Sierra
18	Lassen	47	Siskiyou
19	Los Angeles	48	Solano
20	Madera	49	Sonoma
21	Marin	50	Stanislaus
22	Mariposa	51	Sutter
23	Mendocino	52	Tehama
24	Merced	53	Trinity
25	Modoc	54	Tulare
26	Mono	55	Tuolumne
27	Monterey	56	Ventura
28	Napa	57	Yolo
29	Nevada	58	Yuba

## OFFICE OF STATEWIDE HEALTH PLANNING AND DEVELOPMENT

### DATA FIELD DEFINITION

**LINE NO.:** --- (YEAR)

**FIELD NAME:** YEAR

**DATA TYPE (NUMERIC/TEXT):** NUMERIC

**FORMAT:** GENERAL

**DEFINITION:** Calendar four-digit year of reporting quarter (CCYY).

---

<u>VALUES</u>	<u>MEANING</u>
N/A	N/A

**LINE NO.:** --- (QTR)

**FIELD NAME:** QUARTER

**DATA TYPE (NUMERIC/TEXT):** NUMERIC

**FORMAT:** GENERAL

**DEFINITION:** Reporting quarter number (based on calendar quarter). Hospitals which use a 13-period accounting cycle have quarterly report periods that do not necessarily coincide with a calendar quarter. The quarter number reflects the reported accounting periods which most closely align with an actual calendar quarter.

---

<u>VALUES</u>	<u>MEANING</u>
1	January 1 - March 31
2	April 1 - June 30
3	July 1 - September 30
4	October 1 - December 31

## OFFICE OF STATEWIDE HEALTH PLANNING AND DEVELOPMENT

### DATA FIELD DEFINITION

**LINE NO.:** 1 (FAC\_NAME)

**FIELD NAME:** NAME

**DATA TYPE (NUMERIC/TEXT):** TEXT

**FORMAT:** N/A

**DEFINITION:** Name under which the hospital is doing business. This name may differ from the hospital's legal name.

---

<u>VALUES</u>	<u>MEANING</u>
N/A	N/A

**LINE NO.:** 4 (CITY)

**FIELD NAME:** CITY

**DATA TYPE (NUMERIC/TEXT):** TEXT

**FORMAT:** N/A

**DEFINITION:** Name of the city in which the hospital is located.

---

<u>VALUES</u>	<u>MEANING</u>
N/A	N/A



## OFFICE OF STATEWIDE HEALTH PLANNING AND DEVELOPMENT

### DATA FIELD DEFINITION

**LINE NO.:** --- (HSA)

**FIELD NAME:** HSA

**DATA TYPE (NUMERIC/TEXT):** NUMERIC

**FORMAT:** GENERAL

**DEFINITION:** A numeric code denoting the Health Service Area (HSA) in which the hospital is located. This geographic area, consisting of one or more contiguous counties, is designated by the Department of Health and Human Services for health planning on a regional basis as required by Public Law 93-641.

---

<u>VALUES</u>	<u>MEANING</u>
1	Northern California HSA
2	Golden Empire HSA
3	North Bay HSA
4	West Bay HSA
5	East Bay HSA
6	North San Joaquin HSA
7	Santa Clara HSA
8	Mid-Coast HSA
9	Central HSA
10	Santa Barbara/Ventura HSA
11	Los Angeles County HSA
12	Inland Counties HSA
13	Orange County HSA
14	San Diego/Imperial HSA

## OFFICE OF STATEWIDE HEALTH PLANNING AND DEVELOPMENT

### DATA FIELD DEFINITION

**LINE NO.:** --- (HSPA)

**FIELD NAME:** HSPA

**DATA TYPE (NUMERIC/TEXT):** NUMERIC

**FORMAT:** GENERAL

**DEFINITION:** A numeric code denoting the Health Facility Planning Area (HSPA) in which the hospital is located. The HSPA is a geographic subdivision of a Health Service Area (HSA) and is defined by OSHPD. They are used for evaluating existing and required hospital facilities and services.

---

<u>VALUES</u>	<u>MEANING</u>
N/A	N/A

## OFFICE OF STATEWIDE HEALTH PLANNING AND DEVELOPMENT

### DATA FIELD DEFINITION

**LINE NO.:** --- (PEER)

**FIELD NAME:** PEER GROUP

**DATA TYPE (NUMERIC/TEXT):** NUMERIC

**FORMAT:** GENERAL

**DEFINITION:** Denotes the peer group to which a hospital has been assigned. Peer group assignments are made by OSHPD on the basis of similarities among hospitals in bed-size, service complexity, location, teaching status, and medical emphasis. OSHPD does not routinely review and reassign peer group designations once they have been assigned.

---

#### VALUES

#### MEANING

1	University Teaching
2	Large Non-University Teaching
3	Large, Complex
4	Moderate Sized
5	Small Urban
6	Rural
7	Urban, Skilled Nursing Emphasis
8	Rural, Skilled Nursing Emphasis
9	Alcohol-Drug Rehabilitation
10	Moderate Psychiatric Emphasis
11	Acute Psychiatric
12	Charitable Research
13	Large Skilled Nursing
14	Large Prepaid Health Plans
15	Student Health
16	State
17	Dental
18	Children's Specialty
19	Rehabilitation
20	Large Rehabilitation Emphasis
21	Respiratory Specialty Hospital
22	Shriner's Hospitals
23	Orthopedic Hospitals
24	Psychiatric Health Facilities (PHF)

## OFFICE OF STATEWIDE HEALTH PLANNING AND DEVELOPMENT

### DATA FIELD DEFINITION

**LINE NO.:** --- (TOC)

**FIELD NAME:** TYPE OF CONTROL

**DATA TYPE (NUMERIC/TEXT):** NUMERIC

**FORMAT:** GENERAL

**DEFINITION:** Denotes the ownership and/or legal organization of a hospital licensee.

---

<u>VALUES</u>	<u>MEANING</u>
1	Non-Profit (includes church, non-profit corporation, and non-profit other)
2	Investor owned (includes investor-individual, investor-partnership, and investor-corporation)
3	State
4	Government (includes county, city/county, and city)
5	District

**LINE NO.:** 19 (BG\_DATE)

**FIELD NAME:** BEGIN DATE

**DATA TYPE (NUMERIC/TEXT):** TEXT

**FORMAT:** N/A

**DEFINITION:** Reporting quarter beginning date (MMDDYY) will be the date of the first day of the calendar quarter unless a hospital submitted a report for part of the period. In this case, the hospital may have submitted more than one report to cover the entire quarter. The multiple reports are combined into one hospital record in the file/spreadsheet. Hospitals which use a 13-period accounting cycle may have a report period begin date that does not coincide with the first day of a calendar quarter. For hospitals that filed no reports for this quarter, "999999" is entered for this item.

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<u>VALUES</u>	<u>MEANING</u>
N/A	N/A

## OFFICE OF STATEWIDE HEALTH PLANNING AND DEVELOPMENT

### DATA FIELD DEFINITION

**LINE NO.:** 20 (ED\_DATE)

**FIELD NAME:** END DATE

**DATA TYPE (NUMERIC/TEXT):** TEXT

**FORMAT:** N/A

**DEFINITION:** Reporting quarter end date (MMDDYY) will be the date of the last day of the calendar quarter unless a hospital submitted a report for part of the period. See definition for Line No. 19, Begin Date. Hospitals which use a 13-period accounting cycle may have a report period end date that does not coincide with the last day of a calendar quarter. For hospitals that filed no reports for this quarter, "000000" is entered for this item.

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<u>VALUES</u>	<u>MEANING</u>
N/A	N/A

**LINE NO.:** 25 (LIC\_BEDS)

**FIELD NAME:** LICENSED BEDS

**DATA TYPE (NUMERIC/TEXT):** NUMERIC

**FORMAT:** GENERAL

**DEFINITION:** Number of licensed beds (excluding beds placed in suspense and nursery bassinets) stated on the facility license as of the last day of the reporting period. If more than one report is filed for a quarter, this line is a weighted average, based on the number of report days in each report.

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<u>VALUES</u>	<u>MEANING</u>
N/A	N/A

## OFFICE OF STATEWIDE HEALTH PLANNING AND DEVELOPMENT

### DATA FIELD DEFINITION

**LINE NO.:** 30 (AVL\_BEDS)

**FIELD NAME:** AVAILABLE BEDS

**DATA TYPE (NUMERIC/TEXT):** NUMERIC

**FORMAT:** GENERAL

**DEFINITION:** Average number of beds (excluding nursery bassinets) physically existing and actually available for overnight use, regardless of staffing levels. If more than one report is filed for a quarter, this line is a weighted average, based on the number of report days in each report.

---

<u>VALUES</u>	<u>MEANING</u>
N/A	N/A

**LINE NO.:** 35 (STF\_BEDS)

**FIELD NAME:** STAFFED BEDS

**DATA TYPE (NUMERIC/TEXT):** NUMERIC

**FORMAT:** GENERAL

**DEFINITION:** Average complement of beds fully staffed during the quarter, or those beds that are set-up, staffed, and equipped, and in all respects, ready for use by patients remaining in the hospital overnight. If more than one report is filed for a quarter, this line is a weighted average, based on the number of report days in each report.

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<u>VALUES</u>	<u>MEANING</u>
N/A	N/A

## OFFICE OF STATEWIDE HEALTH PLANNING AND DEVELOPMENT

### DATA FIELD DEFINITION

**LINE NO.:** 41 (DIS\_MCAR)

**FIELD NAME:** DISCHARGES MEDICARE

**DATA TYPE (NUMERIC/TEXT):** NUMERIC

**FORMAT:** GENERAL

**DEFINITION:** Number of formally admitted patients discharged from the hospital during the reporting period, excluding nursery discharges and including deaths, for which Medicare was the primary payor. The transfer of a patient from one type of care to another type of care within the hospital is also counted as a discharge. There are five types of care: Acute Care, Psychiatric Care, Rehabilitation Care, Long-term Care, and Residential Care. Discharges related to patients enrolled in managed care plans (e.g., HMOs and PPOs) funded by Medicare are reported in Line No. 44, Discharges Other Third Parties.

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<u>VALUES</u>	<u>MEANING</u>
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N/A	N/A
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**LINE NO.:** 42 (DIS\_MCAL)

**FIELD NAME:** DISCHARGES MEDI-CAL

**DATA TYPE (NUMERIC/TEXT):** NUMERIC

**FORMAT:** GENERAL

**DEFINITION:** Number of formally admitted patients discharged from the hospital during the reporting period, excluding nursery discharges and including deaths, for which Medi-Cal was the primary payor. The transfer of a patient from one type of care to another type of care within the hospital is also counted as a discharge. There are five types of care: Acute Care, Psychiatric Care, Rehabilitation Care, Long-term Care, and Residential Care. Discharges related to patients enrolled in managed care plans (e.g., HMOs and PPOs) funded by Medi-Cal are reported in Line No. 44, Discharges Other Third Parties.

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<u>VALUES</u>	<u>MEANING</u>
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N/A	N/A
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## OFFICE OF STATEWIDE HEALTH PLANNING AND DEVELOPMENT

### DATA FIELD DEFINITION

**LINE NO.:** 43 (DIS\_CNTY)

**FIELD NAME:** DISCHARGES COUNTY INDIGENT PROGRAMS

**DATA TYPE (NUMERIC/TEXT):** NUMERIC

**FORMAT:** GENERAL

**DEFINITION:** Number of formally admitted patients discharged from the hospital during the reporting period, excluding nursery discharges and including deaths, for which a county was responsible for rendered services. The transfer of a patient from one type of care to another type of care within the hospital is also counted as a discharge. There are five types of care: Acute Care, Psychiatric Care, Rehabilitation Care, Long-term Care, and Residential Care.

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<u>VALUES</u>	<u>MEANING</u>
N/A	N/A

**LINE NO.:** 44 (DIS\_THRD)

**FIELD NAME:** DISCHARGES OTHER THIRD PARTIES

**DATA TYPE (NUMERIC/TEXT):** NUMERIC

**FORMAT:** GENERAL

**DEFINITION:** Number of formally admitted patients discharged from the hospital during the reporting period, excluding nursery discharges and including deaths, for which a third party payor other than Medicare, Medi-Cal, and a county was the primary payor. The transfer of a patient from one type of care to another type of care within the hospital is also counted as a discharge. There are five types of care: Acute Care, Psychiatric Care, Rehabilitation Care, Long-term Care, and Residential Care. Includes patients enrolled in managed care plans (e.g., HMOs and PPOs) funded in whole or in part by Medicare and/or Medi-Cal.

---

<u>VALUES</u>	<u>MEANING</u>
N/A	N/A



## OFFICE OF STATEWIDE HEALTH PLANNING AND DEVELOPMENT

### DATA FIELD DEFINITION

**LINE NO.:** --- (DIS91OTH)

**FIELD NAME:** DISCHARGES OTHER

**DATA TYPE (NUMERIC/TEXT):** NUMERIC

**FORMAT:** GENERAL

**DEFINITION:** This line will be zero for calendar quarters ended after 1991. In the first quarter of 1992, this data item was replaced and separated into three payor categories: County Indigent Programs (Line No. 43), Other Third Parties (Line No. 44), and Other Payors (Line No. 49).

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<u>VALUES</u>	<u>MEANING</u>
N/A	N/A

**LINE NO.:** 49 (DIS\_OTH)

**FIELD NAME:** DISCHARGES OTHER PAYORS

**DATA TYPE (NUMERIC/TEXT):** NUMERIC

**FORMAT:** GENERAL

**DEFINITION:** Number of formally admitted patients discharged from the hospital during the reporting period, excluding nursery discharges and including deaths, for which Medicare, Medi-Cal, Other Third Parties, and County Indigent Programs were **not** the primary payor. The transfer of a patient from one type of care to another type of care within the hospital is also counted as a discharge. There are five types of care: Acute Care, Psychiatric Care, Rehabilitation Care, Long-term Care, and Residential Care.

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<u>VALUES</u>	<u>MEANING</u>
N/A	N/A

## OFFICE OF STATEWIDE HEALTH PLANNING AND DEVELOPMENT

### DATA FIELD DEFINITION

**LINE NO.:** 50 (DIS\_TOT)

**FIELD NAME:** DISCHARGES TOTAL

**DATA TYPE (NUMERIC/TEXT):** NUMERIC

**FORMAT:** GENERAL

**DEFINITION:** Total number of formally admitted patients discharged from the hospital during the reporting period, excluding nursery discharges and including deaths. The transfer of a patient from one type of care to another type of care within the hospital is also counted as a discharge. There are five types of care: Acute Care, Psychiatric Care, Rehabilitation Care, Long-term Care, and Residential Care.

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<u>VALUES</u>	<u>MEANING</u>
N/A	N/A

**LINE NO.:** 55 (DIS\_LTC)

**FIELD NAME:** DISCHARGES LONG-TERM CARE

**DATA TYPE (NUMERIC/TEXT):** NUMERIC

**FORMAT:** GENERAL

**DEFINITION:** Number of skilled nursing, intermediate care, sub-acute care, and other long-term patients discharged from all long-term care daily hospital cost centers during the reporting period, including deaths and transfers to another type of care within the hospital. This is not a mandatory reporting item, and therefore may not be reported consistently or uniformly by all hospitals from quarter to quarter. These discharges are also included in Line Numbers 41 through 50, as appropriate.

---

<u>VALUES</u>	<u>MEANING</u>
N/A	N/A

## OFFICE OF STATEWIDE HEALTH PLANNING AND DEVELOPMENT

### DATA FIELD DEFINITION

**LINE NO.:** 61 (DAY\_MCAR)

**FIELD NAME:** PATIENT DAYS MEDICARE

**DATA TYPE (NUMERIC/TEXT):** NUMERIC

**FORMAT:** GENERAL

**DEFINITION:** Number of inpatient days of care (census days) provided to patients during the reporting period, excluding nursery days, for which Medicare was the primary payor. Patient days related to patients enrolled in managed care plans (e.g., HMOs and PPOs) funded by Medicare are reported in Line No. 64, Patient Days Other Third Parties.

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<u>VALUES</u>	<u>MEANING</u>
N/A	N/A

**LINE NO.:** 62 (DAY\_MCAL)

**FIELD NAME:** PATIENT DAYS MEDI-CAL

**DATA TYPE (NUMERIC/TEXT):** NUMERIC

**FORMAT:** GENERAL

**DEFINITION:** Number of inpatient days of care (census days) provided to patients during the reporting period, excluding nursery days, for which Medi-Cal was the primary payor. Patient days related to patients enrolled in managed care plans (e.g., HMOs and PPOs) funded by Medi-Cal are reported in Line No. 64, Patient Days Other Third Parties.

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<u>VALUES</u>	<u>MEANING</u>
N/A	N/A

## OFFICE OF STATEWIDE HEALTH PLANNING AND DEVELOPMENT

### DATA FIELD DEFINITION

**LINE NO.:** 63 (DAY\_CNTY)

**FIELD NAME:** PATIENT DAYS COUNTY INDIGENT PROGRAMS

**DATA TYPE (NUMERIC/TEXT):** NUMERIC

**FORMAT:** GENERAL

**DEFINITION:** Number of inpatient days of care (census days) provided to indigent patients during the reporting period, excluding nursery days, for which a county was responsible for rendered services.

---

<u>VALUES</u>	<u>MEANING</u>
N/A	N/A

**LINE NO.:** 64 (DAY\_THRD)

**FIELD NAME:** PATIENT DAYS OTHER THIRD PARTIES

**DATA TYPE (NUMERIC/TEXT):** NUMERIC

**FORMAT:** GENERAL

**DEFINITION:** Number of inpatient days of care (census days) provided to patients during the reporting period, excluding nursery days, for which a third party payor other than Medicare, Medi-Cal, and a county was the primary payor. Includes patients enrolled in managed care plans (e.g., HMOs and PPOs) funded in whole or in part by Medicare and/or Medi-Cal.

---

<u>VALUES</u>	<u>MEANING</u>
N/A	N/A

## OFFICE OF STATEWIDE HEALTH PLANNING AND DEVELOPMENT

### DATA FIELD DEFINITION

**LINE NO.:** --- (DAY91OTH)

**FIELD NAME:** PATIENT DAYS OTHER

**DATA TYPE (NUMERIC/TEXT):** NUMERIC

**FORMAT:** GENERAL

**DEFINITION:** This line will be zero for calendar quarters ended after 1991. In the first quarter of 1992, this data item was replaced and separated into three payor categories: County Indigent Programs (Line No. 63), Other Third Parties (Line No. 64), and Other Payors (Line No. 69).

---

<u>VALUES</u>	<u>MEANING</u>
N/A	N/A

**LINE NO.:** 69 (DAY\_OTH)

**FIELD NAME:** PATIENT DAYS OTHER PAYORS

**DATA TYPE (NUMERIC/TEXT):** NUMERIC

**FORMAT:** GENERAL

**DEFINITION:** Number of inpatient days of care (census days) provided to patients during the reporting period, excluding nursery days, for which Medicare, Medi-Cal, Other Third Parties, and County Indigent Programs were **not** the primary payor.

---

<u>VALUES</u>	<u>MEANING</u>
N/A	N/A

## OFFICE OF STATEWIDE HEALTH PLANNING AND DEVELOPMENT

### DATA FIELD DEFINITION

**LINE NO.:** 70 (DAY\_TOT)

**FIELD NAME:** PATIENT DAYS TOTAL

**DATA TYPE (NUMERIC/TEXT):** NUMERIC

**FORMAT:** GENERAL

**DEFINITION:** Total number of inpatient days of care (census days) provided to patients during the reporting period, excluding nursery days. Includes long-term care (LTC) days of care provided during the reporting period.

---

<u>VALUES</u>	<u>MEANING</u>
N/A	N/A

**LINE NO.:** 75 (DAY\_LTC)

**FIELD NAME:** PATIENT DAYS LONG-TERM CARE

**DATA TYPE (NUMERIC/TEXT):** NUMERIC

**FORMAT:** GENERAL

**DEFINITION:** Number of skilled nursing, intermediate care, sub-acute care, and other long-term inpatient days of care provided to patients during the reporting period. This is not a mandatory reporting item, and therefore may not be reported consistently or uniformly by all hospitals from quarter to quarter. These days are also included in Line Numbers 61 through 69, as appropriate.

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<u>VALUES</u>	<u>MEANING</u>
N/A	N/A

## OFFICE OF STATEWIDE HEALTH PLANNING AND DEVELOPMENT

### DATA FIELD DEFINITION

**LINE NO.:** 81 (VIS\_MCAR)

**FIELD NAME:** OUTPATIENT VISITS MEDICARE

**DATA TYPE (NUMERIC/TEXT):** NUMERIC

**FORMAT:** GENERAL

**DEFINITION:** Number of outpatient visits during the reporting period for which Medicare was the primary payor. Outpatient visits include: 1) the appearance of an outpatient in an ambulatory service center, and 2) the appearance of a private referred outpatient in the hospital for ancillary services. Ambulatory service centers include Emergency Services (medical and psychiatric), Clinics (hospital-based and satellite), Ambulatory Surgery Centers, Outpatient Chemical Dependency Services, Observation Care, Partial Hospitalization-Psychiatric, Home Health Care Services, Hospice-Outpatient, and Adult Day Health Care. Ancillary services include Clinical Laboratory Services, Radiology-Diagnostic, Physical Therapy, etc. Outpatient visits related to patients enrolled in managed care plans (e.g., HMOs and PPOs) funded by Medicare are reported in Line No. 84, Outpatient Visits Other Third Parties.

---

<u>VALUES</u>	<u>MEANING</u>
N/A	N/A

**LINE NO.:** 82 (VIS\_MCAL)

**FIELD NAME:** OUTPATIENT VISITS MEDI-CAL

**DATA TYPE (NUMERIC/TEXT):** NUMERIC

**FORMAT:** GENERAL

**DEFINITION:** Number of outpatient visits during the reporting period for which Medi-Cal was the primary payor. Outpatient visits include: 1) the appearance of an outpatient in an ambulatory service center, and 2) the appearance of a private referred outpatient in the hospital for ancillary services. See definition of ambulatory and ancillary services in Line No. 81, Outpatient Visits Medicare. Outpatient visits related to patients enrolled in managed care plans (e.g., HMOs and PPOs) funded by Medi-Cal are reported in Line No. 84, Outpatient Visits Other Third Parties.

---

<u>VALUES</u>	<u>MEANING</u>
N/A	N/A

## OFFICE OF STATEWIDE HEALTH PLANNING AND DEVELOPMENT

### DATA FIELD DEFINITION

**LINE NO.:** 83 (VIS\_CNTY)

**FIELD NAME:** OUTPATIENT VISITS COUNTY INDIGENT PROGRAMS

**DATA TYPE (NUMERIC/TEXT):** NUMERIC

**FORMAT:** GENERAL

**DEFINITION:** Number of outpatient visits during the reporting period for which a county was responsible for rendered services. Outpatient visits include: 1) the appearance of an outpatient in an ambulatory service center, and 2) the appearance of a private referred outpatient in the hospital for ancillary services. See definition of ambulatory and ancillary services in Line No. 81, Outpatient Visits Medicare.

---

<u>VALUES</u>	<u>MEANING</u>
N/A	N/A

**LINE NO.:** 84 (VIS\_THRD)

**FIELD NAME:** OUTPATIENT VISITS OTHER THIRD PARTIES

**DATA TYPE (NUMERIC/TEXT):** NUMERIC

**FORMAT:** GENERAL

**DEFINITION:** Number of outpatient visits during the reporting period for which a third party payor other than Medicare, Medi-Cal, and a county was the primary payor. Outpatient visits include: 1) the appearance of an outpatient in an ambulatory service center, and 2) the appearance of a private referred outpatient in the hospital for ancillary services. See definition of ambulatory and ancillary services in Line No. 81, Outpatient Visits Medicare. Includes outpatient visits for patients enrolled in managed care plans (e.g., HMOs and PPOs) funded in whole or in part by Medicare and/or Medi-Cal.

---

<u>VALUES</u>	<u>MEANING</u>
N/A	N/A



## OFFICE OF STATEWIDE HEALTH PLANNING AND DEVELOPMENT

### DATA FIELD DEFINITION

**LINE NO.:** --- (VIS91OTH)

**FIELD NAME:** OUTPATIENT VISITS OTHER

**DATA TYPE (NUMERIC/TEXT):** NUMERIC

**FORMAT:** GENERAL

**DEFINITION:** This line will be zero for calendar quarters ended after 1991. In the first quarter of 1992, this data item was replaced and separated into three payor categories: County Indigent Programs (Line No. 83), Other Third Parties (Line No. 84), and Other Payors (Line No. 36).

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<u>VALUES</u>	<u>MEANING</u>
N/A	N/A

**LINE NO.:** 89 (VIS\_OTH)

**FIELD NAME:** OUTPATIENT VISITS OTHER PAYORS

**DATA TYPE (NUMERIC/TEXT):** NUMERIC

**FORMAT:** GENERAL

**DEFINITION:** Number of outpatient visits during the reporting period for which Medicare, Medi-Cal, Other Third Parties, and County Indigent Programs were **not** the primary payor. Outpatient visits include: 1) the appearance of an outpatient in an ambulatory service center, and 2) the appearance of a private referred outpatient in the hospital for ancillary services. See definition of ambulatory and ancillary services in Line No. 81, Outpatient Visits Medicare.

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<u>VALUES</u>	<u>MEANING</u>
N/A	N/A

## OFFICE OF STATEWIDE HEALTH PLANNING AND DEVELOPMENT

### DATA FIELD DEFINITION

**LINE NO.:** 90 (VIS\_TOT)

**FIELD NAME:** OUTPATIENT VISITS TOTAL

**DATA TYPE (NUMERIC/TEXT):** NUMERIC

**FORMAT:** GENERAL

**DEFINITION:** Total number of outpatient visits reported during the reporting period. Outpatient visits include: 1) the appearance of an outpatient in an ambulatory service center, and 2) the appearance of a private referred outpatient in the hospital for ancillary services. See definition of ambulatory and ancillary services in Line No. 81, Outpatient Visits Medicare.

---

<u>VALUES</u>	<u>MEANING</u>
N/A	N/A

**LINE NO.:** 100 (TOT\_EXP)

**FIELD NAME:** TOTAL OPERATING EXPENSES

**DATA TYPE (NUMERIC/TEXT):** NUMERIC

**FORMAT:** GENERAL

**DEFINITION:** All operating expenses incurred by the hospital during the reporting period and accrued to the end of the reporting period. This includes all expenses associated with daily hospital services, ambulatory services, ancillary services, purchased inpatient services, research, education, general services, fiscal services, administrative services, and unassigned costs. If the physician professional component is recorded as an expense, it is included in this amount.

---

<u>VALUES</u>	<u>MEANING</u>
N/A	N/A

## OFFICE OF STATEWIDE HEALTH PLANNING AND DEVELOPMENT

### DATA FIELD DEFINITION

**LINE NO.:** --- (INP\_EXP)

**FIELD NAME:** INPATIENT OPERATING EXPENSES

**DATA TYPE (NUMERIC/TEXT):** NUMERIC

**FORMAT:** GENERAL

**DEFINITION:** Total operating expenses related to inpatient services before adjustments for other operating revenue and physician professional component expenses. This line is not reported by the hospital but is determined by allocating total operating expenses using the ratio of gross inpatient revenue to the total gross patient revenue.

---

<u>VALUES</u>	<u>MEANING</u>
N/A	N/A

**LINE NO.:** --- (OUT\_EXP)

**FIELD NAME:** OUTPATIENT OPERATING EXPENSES

**DATA TYPE (NUMERIC/TEXT):** NUMERIC

**FORMAT:** GENERAL

**DEFINITION:** Total operating expenses related to outpatient services before adjustments for other operating revenue and physician professional component expenses. This line is not reported by the hospital but is determined by allocating total operating expenses using the ratio of gross outpatient revenue to the total gross patient revenue.

---

<u>VALUES</u>	<u>MEANING</u>
N/A	N/A

## OFFICE OF STATEWIDE HEALTH PLANNING AND DEVELOPMENT

### DATA FIELD DEFINITION

**LINE NO.:** 110 (PHY\_COMP)

**FIELD NAME:** PHYSICIAN PROFESSIONAL COMPONENT EXPENSES

**DATA TYPE (NUMERIC/TEXT):** NUMERIC

**FORMAT:** GENERAL

**DEFINITION:** Fees paid to hospital-based physicians and residents for providing patient care services. This is not a mandatory reporting item and therefore may not be reported consistently or uniformly by all hospitals from quarter to quarter.

---

<u>VALUES</u>	<u>MEANING</u>
N/A	N/A

**LINE NO.:** 121 (GRI\_MCAR)

**FIELD NAME:** GROSS INPATIENT REVENUE MEDICARE

**DATA TYPE (NUMERIC/TEXT):** NUMERIC

**FORMAT:** GENERAL

**DEFINITION:** Total charges, at the hospital's full established rates, for services rendered and goods sold to inpatients for which Medicare was the primary payor. Inpatient revenue includes daily hospital services, inpatient ambulatory services, inpatient ancillary services, and purchased inpatient services. Inpatient revenue related to patients enrolled in managed care plans (e.g., HMOs and PPOs) funded by Medicare are reported in Line No. 124, Gross Inpatient Revenue Other Third Parties.

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<u>VALUES</u>	<u>MEANING</u>
N/A	N/A

## OFFICE OF STATEWIDE HEALTH PLANNING AND DEVELOPMENT

### DATA FIELD DEFINITION

**LINE NO.:** 122 (GRI\_MCAL)

**FIELD NAME:** GROSS INPATIENT REVENUE MEDI-CAL

**DATA TYPE (NUMERIC/TEXT):** NUMERIC

**FORMAT:** GENERAL

**DEFINITION:** Total charges, at the hospital's full established rates, for services rendered and goods sold to inpatients for which Medi-Cal was the primary payor. Inpatient revenue includes daily hospital services, inpatient ambulatory services, inpatient ancillary services, and purchased inpatient services. Inpatient revenue related to patients enrolled in managed care plans (e.g., HMOs and PPOs) funded by Medi-Cal are reported in Line No. 124, Gross Inpatient Revenue Other Third Parties.

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<u>VALUES</u>	<u>MEANING</u>
N/A	N/A

**LINE NO.:** 123 (GRI\_CNTY)

**FIELD NAME:** GROSS INPATIENT REVENUE COUNTY INDIGENT PROGRAMS

**DATA TYPE (NUMERIC/TEXT):** NUMERIC

**FORMAT:** GENERAL

**DEFINITION:** Total charges, at the hospital's full established rates, for services rendered and goods sold to indigent inpatients for which a county was responsible for rendered services. Inpatient revenue includes daily hospital services, inpatient ambulatory services, inpatient ancillary services, and purchased inpatient services.

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<u>VALUES</u>	<u>MEANING</u>
N/A	N/A

## OFFICE OF STATEWIDE HEALTH PLANNING AND DEVELOPMENT

### DATA FIELD DEFINITION

**LINE NO.:** 124 (GRI\_THRD)

**FIELD NAME:** GROSS INPATIENT REVENUE OTHER THIRD PARTIES

**DATA TYPE (NUMERIC/TEXT):** NUMERIC

**FORMAT:** GENERAL

**DEFINITION:** Total charges, at the hospital's full established rates, for services rendered and goods sold to inpatients for which a third party other than Medicare, Medi-Cal, and a county was the primary payor. Inpatient revenue includes daily hospital services, inpatient ambulatory services, inpatient ancillary services, and purchased inpatient services. Includes inpatient revenue for patients enrolled in managed care plans (e.g., HMOs and PPOs) funded in whole or in part by Medicare and/or Medi-Cal.

---

<u>VALUES</u>	<u>MEANING</u>
N/A	N/A

**LINE NO.:** 129 (GRI\_OTH)

**FIELD NAME:** GROSS INPATIENT REVENUE OTHER PAYORS

**DATA TYPE (NUMERIC/TEXT):** NUMERIC

**FORMAT:** GENERAL

**DEFINITION:** Total charges, at the hospital's full established rates, for services rendered and goods sold to inpatients for which Medicare, Medi-Cal, County Indigent Programs, and Other Third Parties were **not** the primary payor. Inpatient revenue includes daily hospital services, inpatient ambulatory services, inpatient ancillary services, and purchased inpatient services.

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<u>VALUES</u>	<u>MEANING</u>
N/A	N/A

## OFFICE OF STATEWIDE HEALTH PLANNING AND DEVELOPMENT

### DATA FIELD DEFINITION

**LINE NO.:** 130 (GRI\_TOT)

**FIELD NAME:** GROSS INPATIENT REVENUE TOTAL

**DATA TYPE (NUMERIC/TEXT):** NUMERIC

**FORMAT:** GENERAL

**DEFINITION:** Total charges, at the hospital's full established rates, for services rendered and goods sold to all inpatients. Inpatient revenue includes daily hospital services, inpatient ambulatory services, inpatient ancillary services, and purchased inpatient services.

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<u>VALUES</u>	<u>MEANING</u>
N/A	N/A

**LINE NO.:** 131 (GRO\_MCAR)

**FIELD NAME:** GROSS OUTPATIENT REVENUE MEDICARE

**DATA TYPE (NUMERIC/TEXT):** NUMERIC

**FORMAT:** GENERAL

**DEFINITION:** Total charges, at the hospital's full established rates, for services rendered and goods sold to outpatients for which Medicare was the primary payor. Outpatient revenue includes outpatient ambulatory services and outpatient ancillary services. Outpatient revenue related to patients enrolled in managed care plans (e.g., HMOs and PPOs) funded by Medicare are reported in Line No. 134, Gross Outpatient Revenue Other Third Parties.

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<u>VALUES</u>	<u>MEANING</u>
N/A	N/A

## OFFICE OF STATEWIDE HEALTH PLANNING AND DEVELOPMENT

### DATA FIELD DEFINITION

**LINE NO.:** 132 (GRO\_MCAL)

**FIELD NAME:** GROSS OUTPATIENT REVENUE MEDI-CAL

**DATA TYPE (NUMERIC/TEXT):** NUMERIC

**FORMAT:** GENERAL

**DEFINITION:** Total charges, at the hospital's full established rates, for services rendered and goods sold to outpatients for which Medi-Cal was the primary payor. Outpatient revenue includes outpatient ambulatory services and outpatient ancillary services. Outpatient revenue related to patients enrolled in managed care plans (e.g., HMOs and PPOs) funded by Medi-Cal are reported in Line No. 134, Gross Outpatient Revenue Other Third Parties.

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<u>VALUES</u>	<u>MEANING</u>
N/A	N/A

**LINE NO.:** 133 (GRO\_CNTY)

**FIELD NAME:** GROSS OUTPATIENT REVENUE COUNTY INDIGENT PROGRAMS

**DATA TYPE (NUMERIC/TEXT):** NUMERIC

**FORMAT:** GENERAL

**DEFINITION:** Total charges, at the hospital's full established rates, for services rendered and goods sold to indigent outpatients for which a county was responsible for rendered services. Outpatient revenue includes outpatient ambulatory services and outpatient ancillary services.

---

<u>VALUES</u>	<u>MEANING</u>
N/A	N/A



## OFFICE OF STATEWIDE HEALTH PLANNING AND DEVELOPMENT

### DATA FIELD DEFINITION

**LINE NO.:** 134 (GRO\_THRD)

**FIELD NAME:** GROSS OUTPATIENT REVENUE OTHER THIRD PARTIES

**DATA TYPE (NUMERIC/TEXT):** NUMERIC

**FORMAT:** GENERAL

**DEFINITION:** Total charges, at the hospital's full established rates, for services rendered and goods sold to outpatients for which a third party other than Medicare, Medi-Cal, and a county was the primary payor. Outpatient revenue includes outpatient ambulatory services and outpatient ancillary services. Includes outpatient revenue for patients enrolled in managed care plans (e.g., HMOs and PPOs) funded in whole or in part by Medicare and/or Medi-Cal.

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<u>VALUES</u>	<u>MEANING</u>
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N/A	N/A
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**LINE NO.:** 139 (GRO\_OTH)

**FIELD NAME:** GROSS OUTPATIENT REVENUE OTHER PAYORS

**DATA TYPE (NUMERIC/TEXT):** NUMERIC

**FORMAT:** GENERAL

**DEFINITION:** Total charges, at the hospital's full established rates, for services rendered and goods sold to outpatients for which Medicare, Medi-Cal, County Indigent Programs, and Other Third Parties were **not** the primary payor. Outpatient revenue includes outpatient ambulatory services and outpatient ancillary services.

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<u>VALUES</u>	<u>MEANING</u>
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N/A	N/A
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## OFFICE OF STATEWIDE HEALTH PLANNING AND DEVELOPMENT

### DATA FIELD DEFINITION

**LINE NO.:** 140 (GRO\_TOT)

**FIELD NAME:** GROSS OUTPATIENT REVENUE TOTAL

**DATA TYPE (NUMERIC/TEXT):** NUMERIC

**FORMAT:** GENERAL

**DEFINITION:** Total charges, at the hospital's full established rates, for services rendered and goods sold to all outpatients. Outpatient revenue includes outpatient ambulatory services and outpatient ancillary services.

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<u>VALUES</u>	<u>MEANING</u>
N/A	N/A

**LINE NO.:** 141 (DED\_MCAR)

**FIELD NAME:** DEDUCTIONS MEDICARE

**DATA TYPE (NUMERIC/TEXT):** NUMERIC

**FORMAT:** GENERAL

**DEFINITION:** The amount of Medicare contractual adjustments, which is a deduction from gross patient revenue. Contractual adjustments are the difference between charges based on the hospital's full established rates and the amount of charges received or due under contractual agreement.

---

<u>VALUES</u>	<u>MEANING</u>
N/A	N/A

## OFFICE OF STATEWIDE HEALTH PLANNING AND DEVELOPMENT

### DATA FIELD DEFINITION

**LINE NO.:** 142 (DED\_MCAL)

**FIELD NAME:** DEDUCTIONS MEDI-CAL

**DATA TYPE (NUMERIC/TEXT):** NUMERIC

**FORMAT:** GENERAL

**DEFINITION:** The amount of Medi-Cal contractual adjustments, which is a deduction from gross patient revenue. Contractual adjustments are the difference between charges based on the hospital's full established rates and the amount of charges received or due under contractual agreement. Includes supplemental Medi-Cal disproportionate share payments made to hospitals during the reporting period under SB 1255 (Chapter 996, Statutes of 1989).

---

<u>VALUES</u>	<u>MEANING</u>
N/A	N/A

**LINE NO.:** 143 (DED\_DISP)

**FIELD NAME:** DEDUCTIONS DISPROPORTIONATE SHARE PAYMENTS

**DATA TYPE (NUMERIC/TEXT):** NUMERIC

**FORMAT:** GENERAL

**DEFINITION:** The amount of supplemental Medi-Cal inpatient disproportionate share payments made to hospitals during the reporting period under SB 855 (Chapter 279, Statutes of 1991). Since disproportionate share payments have a credit balance, the value of this line will be negative.

---

<u>VALUES</u>	<u>MEANING</u>
N/A	N/A

## OFFICE OF STATEWIDE HEALTH PLANNING AND DEVELOPMENT

### DATA FIELD DEFINITION

**LINE NO.:** 145 (DED\_CNTY)

**FIELD NAME:** DEDUCTIONS COUNTY INDIGENT PROGRAMS

**DATA TYPE (NUMERIC/TEXT):** NUMERIC

**FORMAT:** GENERAL

**DEFINITION:** The amount of County Indigent Programs contractual adjustments, which is a deduction from gross patient revenue. Contractual adjustments are the difference between charges based on the hospital's full established rates and the amount of charges received or due under contractual agreement. This amount includes tobacco tax funds received by county hospitals and certain non-county hospitals who are under contract to provide care to county-sponsored indigent patients.

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<u>VALUES</u>	<u>MEANING</u>
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N/A	N/A
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**LINE NO.:** 146 (DED\_THRD)

**FIELD NAME:** DEDUCTIONS OTHER THIRD PARTIES

**DATA TYPE (NUMERIC/TEXT):** NUMERIC

**FORMAT:** GENERAL

**DEFINITION:** The amount of Other Third Parties contractual adjustments, which is a deduction from gross patient revenue. Contractual adjustments are the difference between charges based on the hospital's full established rates and the amount of charges received or due under contractual agreement.

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<u>VALUES</u>	<u>MEANING</u>
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N/A	N/A
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## OFFICE OF STATEWIDE HEALTH PLANNING AND DEVELOPMENT

### DATA FIELD DEFINITION

**LINE NO.:** 147 (DED\_BD)

**FIELD NAME:** DEDUCTIONS BAD DEBTS

**DATA TYPE (NUMERIC/TEXT):** NUMERIC

**FORMAT:** GENERAL

**DEFINITION:** The amount of a hospital's provision for bad debts, which is a deduction from gross patient revenue. Bad debts are the amount of charges the hospital is not able to collect from patients who are able to pay for all or part of their bill, but are unwilling to pay.

---

<u>VALUES</u>	<u>MEANING</u>
N/A	N/A

**LINE NO.:** 148 (DED\_HB)

**FIELD NAME:** DEDUCTIONS CHARITY - HILL-BURTON

**DATA TYPE (NUMERIC/TEXT):** NUMERIC

**FORMAT:** GENERAL

**DEFINITION:** The amount of charity care provided to satisfy the hospital's obligation under the Hill-Burton program. This is a deduction from gross patient revenue.

---

<u>VALUES</u>	<u>MEANING</u>
N/A	N/A

## OFFICE OF STATEWIDE HEALTH PLANNING AND DEVELOPMENT

### DATA FIELD DEFINITION

**LINE NO.:** --- (DED\_91CH)

**FIELD NAME:** DEDUCTIONS CHARITY - 91-OTHER

**DATA TYPE (NUMERIC/TEXT):** NUMERIC

**FORMAT:** GENERAL

**DEFINITION:** This line will be zero for calendar quarters ended after 1991. In the first quarter of 1992, this data item was replaced with the establishment of the County Indigent Programs payor category. Prior to 1992, it included uncollectible amounts related to patients who were unable to pay for all or part of their bill.

---

<u>VALUES</u>	<u>MEANING</u>
N/A	N/A

**LINE NO.:** 149 (DED\_CHAR)

**FIELD NAME:** DEDUCTIONS CHARITY-OTHER

**DATA TYPE (NUMERIC/TEXT):** NUMERIC

**FORMAT:** GENERAL

**DEFINITION:** The amount of charity care provided, other than under the Hill-Burton program, for those patients who are unable to pay for all or part of their bill or are not sponsored by any form of third party coverage. Uncollectible amounts related to patients who are unable to pay for services, but are the responsibility of a county, are reported in Line No. 145, Deductions County Indigent Programs. This is a deduction from gross patient revenue.

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<u>VALUES</u>	<u>MEANING</u>
N/A	N/A

## OFFICE OF STATEWIDE HEALTH PLANNING AND DEVELOPMENT

### DATA FIELD DEFINITION

**LINE NO.:** --- (DED\_GIFT)

**FIELD NAME:** DEDUCTIONS GIFTS AND SUBSIDIES FOR INDIGENT CARE

**DATA TYPE (NUMERIC/TEXT):** NUMERIC

**FORMAT:** GENERAL

**DEFINITION:** This line will be zero for calendar quarters ended after 1991. In the first quarter of 1992, this data item was replaced with the establishment of the County Indigent Programs payor category. Prior to 1992, it included the amount of Medically Indigent Services Program (MISP) funds received by the hospital and all tobacco tax funds. This amount was used to offset the cost of charity care. Since gifts and subsidies have a credit balance, the value of this line will be negative.

---

<u>VALUES</u>	<u>MEANING</u>
N/A	N/A

**LINE NO.:** 150 (DED\_REST)

**FIELD NAME:** DEDUCTIONS RESTRICTED DONATIONS AND SUBSIDIES FOR INDIGENT CARE

**DATA TYPE (NUMERIC/TEXT):** NUMERIC

**FORMAT:** GENERAL

**DEFINITION:** The amount of restricted donations and governmental subsidies for indigent care, including tobacco tax funds received by most non-county hospitals. No MISP funds are included since that payment program was canceled with the passage of AB 99 (Chapter 278, Statutes of 1991). This amount is used to offset the cost of charity care. Since restricted donations and subsidies have a credit balance, the value of this line will be negative.

---

<u>VALUES</u>	<u>MEANING</u>
N/A	N/A

## OFFICE OF STATEWIDE HEALTH PLANNING AND DEVELOPMENT

### DATA FIELD DEFINITION

**LINE NO.:** 151 (DED\_TCH)

**FIELD NAME:** DEDUCTIONS TEACHING ALLOWANCES

**DATA TYPE (NUMERIC/TEXT):** NUMERIC

**FORMAT:** GENERAL

**DEFINITION:** The amount of charges written-off when it is determined by the teaching hospital that the selected patient does not have the ability to pay but whose case would benefit the teaching mission of the hospital. This reporting item is used only by the University of California hospitals.

---

<u>VALUES</u>	<u>MEANING</u>
N/A	N/A

**LINE NO.:** 152 (DED\_CLIN)

**FIELD NAME:** DEDUCTIONS CLINICAL TEACHING SUPPORT

**DATA TYPE (NUMERIC/TEXT):** NUMERIC

**FORMAT:** GENERAL

**DEFINITION:** The amount of support provided exclusively to the University of California hospitals to offset a portion of the cost of their teaching mission. These funds are offset against the Teaching Allowances reported in Line No. 151. Since Clinical Teaching Support has a credit balance, the value of this line will be negative.

---

<u>VALUES</u>	<u>MEANING</u>
N/A	N/A



## OFFICE OF STATEWIDE HEALTH PLANNING AND DEVELOPMENT

### DATA FIELD DEFINITION

**LINE NO.:** --- (DED91OTH)

**FIELD NAME:** DEDUCTIONS OTHER CONTRACTUAL ADJUSTMENTS AND ALLOWANCES

**DATA TYPE (NUMERIC/TEXT):** NUMERIC

**FORMAT:** GENERAL

**DEFINITION:** This line will be zero for calendar quarters ended after 1991. In the first quarter of 1992, this data item was replaced with the establishment of the County Indigent Programs and Other Third Parties payor categories. Prior to 1992, it included the amount of deductions from revenue which was not included elsewhere.

---

<u>VALUES</u>	<u>MEANING</u>
N/A	N/A

**LINE NO.:** 159 (DED\_OTH)

**FIELD NAME:** DEDUCTIONS OTHER ADJUSTMENTS AND ALLOWANCES

**DATA TYPE (NUMERIC/TEXT):** NUMERIC

**FORMAT:** GENERAL

**DEFINITION:** The amount of deductions from revenue which is not included elsewhere, including policy discounts and administrative adjustments.

---

<u>VALUES</u>	<u>MEANING</u>
N/A	N/A

## OFFICE OF STATEWIDE HEALTH PLANNING AND DEVELOPMENT

### DATA FIELD DEFINITION

**LINE NO.:** 160 (DED\_TOT)

**FIELD NAME:** DEDUCTIONS TOTAL

**DATA TYPE (NUMERIC/TEXT):** NUMERIC

**FORMAT:** GENERAL

**DEFINITION:** The sum of all deductions from revenue. Included in total deductions from revenue is provision for bad debts; third party contractual adjustments; charity; teaching allowances; and other adjustments, net of SB 855 Disproportionate Share Payments for Medical, Restricted Donations and Subsidies for Indigent Care, and Clinical Teaching Support.

---

<u>VALUES</u>	<u>MEANING</u>
N/A	N/A

**LINE NO.:** 161 (NET\_MCAR)

**FIELD NAME:** NET PATIENT REVENUE MEDICARE

**DATA TYPE (NUMERIC/TEXT):** NUMERIC

**FORMAT:** GENERAL

**DEFINITION:** The amount received or to be received from the Medicare program for services provided and goods sold to Medicare patients. This amount equals Medicare gross patient revenue minus Medicare contractual adjustments and any other deductions from revenue, such as charity care and bad debts, related to Medicare patients.

---

<u>VALUES</u>	<u>MEANING</u>
N/A	N/A

## OFFICE OF STATEWIDE HEALTH PLANNING AND DEVELOPMENT

### DATA FIELD DEFINITION

**LINE NO.:** 162 (NET\_MCAL)

**FIELD NAME:** NET PATIENT REVENUE MEDI-CAL

**DATA TYPE (NUMERIC/TEXT):** NUMERIC

**FORMAT:** GENERAL

**DEFINITION:** The amount received or to be received from the Medi-Cal program for services provided and goods sold to Medi-Cal patients. This amount equals Medi-Cal gross patient revenue minus Medi-Cal contractual adjustments and any other deductions from revenue, such as charity care and bad debts, related to Medi-Cal patients. Disproportionate share payments provided by SB 855 and SB 1255 are included in this amount.

---

<u>VALUES</u>	<u>MEANING</u>
N/A	N/A

**LINE NO.:** 163 (NET\_CNTY)

**FIELD NAME:** NET PATIENT REVENUE COUNTY INDIGENT PROGRAMS

**DATA TYPE (NUMERIC/TEXT):** NUMERIC

**FORMAT:** GENERAL

**DEFINITION:** The amount received or to be received from counties for services provided and goods sold to County Indigent Program patients. This amount equals County Indigent Program gross patient revenue minus County Indigent Program contractual adjustments and any other deductions from revenue, such as charity care and bad debts, related to County Indigent Program patients.

---

<u>VALUES</u>	<u>MEANING</u>
N/A	N/A

## OFFICE OF STATEWIDE HEALTH PLANNING AND DEVELOPMENT

### DATA FIELD DEFINITION

**LINE NO.:** 164 (NET\_THRD)

**FIELD NAME:** NET PATIENT REVENUE OTHER THIRD PARTIES

**DATA TYPE (NUMERIC/TEXT):** NUMERIC

**FORMAT:** GENERAL

**DEFINITION:** The amount received or to be received from Other Third Party Payors for services provided and goods sold to Other Third Parties patients. This amount equals Other Third Parties gross patient revenue minus Other Third Parties contractual adjustments and any other deductions from revenue, such as charity care and bad debts, related to Other Third Parties patients.

---

<u>VALUES</u>	<u>MEANING</u>
N/A	N/A

**LINE NO.:** --- (NET91OTH)

**FIELD NAME:** NET PATIENT REVENUE OTHER

**DATA TYPE (NUMERIC/TEXT):** NUMERIC

**FORMAT:** GENERAL

**DEFINITION:** This line will be zero for calendar quarters ended after 1991. In the first quarter of 1992, this data item was replaced with the establishment of the County Indigent Programs and Other Third Parties payor categories. Prior to 1992, it included the amount received or to be received for services provided and goods sold to non-Medicare and non-Medi-Cal patients.

---

<u>VALUES</u>	<u>MEANING</u>
N/A	N/A

## OFFICE OF STATEWIDE HEALTH PLANNING AND DEVELOPMENT

### DATA FIELD DEFINITION

**LINE NO.:** 169 (NET\_OTH)

**FIELD NAME:** NET PATIENT REVENUE OTHER PAYORS

**DATA TYPE (NUMERIC/TEXT):** NUMERIC

**FORMAT:** GENERAL

**DEFINITION:** The amount received or to be received from payors **other than** Medicare, Medi-Cal, County Indigent Programs, and Other Third Parties for services provided and goods sold. This amount equals Other Payors gross patient revenue minus all deductions from revenue not deducted elsewhere.

---

<u>VALUES</u>	<u>MEANING</u>
N/A	N/A

**LINE NO.:** 170 (NET\_TOT)

**FIELD NAME:** NET PATIENT REVENUE TOTAL

**DATA TYPE (NUMERIC/TEXT):** NUMERIC

**FORMAT:** GENERAL

**DEFINITION:** Total charges at the hospital's full established rates for services rendered and goods sold to all patients minus all deductions from revenue.

---

<u>VALUES</u>	<u>MEANING</u>
N/A	N/A

## OFFICE OF STATEWIDE HEALTH PLANNING AND DEVELOPMENT

### DATA FIELD DEFINITION

**LINE NO.:** 180 (OTHOPREV)

**FIELD NAME:** OTHER OPERATING REVENUE

**DATA TYPE (NUMERIC/TEXT):** NUMERIC

**FORMAT:** GENERAL

**DEFINITION:** Other operating revenue includes revenue from non-patient care services to patients, and sales and activities to persons other than patients, but not from patient care services. Examples include television rental income, rebates and refunds on expenses, and non-patient food sales.

---

<u>VALUES</u>	<u>MEANING</u>
N/A	N/A

**LINE NO.:** 185 (NONOPREX)

**FIELD NAME:** NET NONOPERATING REVENUE AND EXPENSES

**DATA TYPE (NUMERIC/TEXT):** NUMERIC

**FORMAT:** GENERAL

**DEFINITION:** The difference between non-operating revenue and non-operating expenses. Non-operating revenue and expenses are revenue and expenses of the hospital not directly related to patient care, related patient services, or the sale of related goods. Examples include a gain or loss on sale of hospital property, unrestricted investment income, medical office building revenue and expenses, and government appropriations. If non-operating expenses are greater than non-operating revenue, the value will be negative.

---

<u>VALUES</u>	<u>MEANING</u>
N/A	N/A

## OFFICE OF STATEWIDE HEALTH PLANNING AND DEVELOPMENT

### DATA FIELD DEFINITION

**LINE NO.:** 190 (CAPITAL)

**FIELD NAME:** TOTAL CAPITAL EXPENDITURES

**DATA TYPE (NUMERIC/TEXT):** NUMERIC

**FORMAT:** GENERAL

**DEFINITION:** The amount expended during the reporting period for additions of property, plant, and equipment, including expenditures which have the effect of increasing the capacity, efficiency, lifespan, or economy of operation of an existing fixed asset.

---

<u>VALUES</u>	<u>MEANING</u>
N/A	N/A

**LINE NO.:** 195 (ASSETS)

**FIELD NAME:** FIXED ASSETS NET OF ACCUMULATED DEPRECIATION

**DATA TYPE (NUMERIC/TEXT):** NUMERIC

**FORMAT:** GENERAL

**DEFINITION:** The cost of fixed assets, including land, land improvements, buildings, building improvements, leasehold improvements, and equipment, less accumulated depreciation thereon, plus construction-in-progress, as of the end of the reporting period.

---

<u>VALUES</u>	<u>MEANING</u>
N/A	N/A

## OFFICE OF STATEWIDE HEALTH PLANNING AND DEVELOPMENT

### DATA FIELD DEFINITION

**LINE NO.:** 200 (DISP\_TFR)

**FIELD NAME:** DISPROPORTIONATE SHARE FUNDS TRANSFERRED

**DATA TYPE (NUMERIC/TEXT):** NUMERIC

**FORMAT:** GENERAL

**DEFINITION:** The amount of SB 855 and/or SB 1255 Medi-Cal disproportionate share funds transferred from the hospital to a related public entity during the reporting period, or accrued for transfer in the next reporting period. This is not a mandatory reporting item, and therefore, may not be reported consistently or uniformly by all hospitals from quarter to quarter. Only county, district, and University of California hospitals will report this item.

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<u>VALUES</u>	<u>MEANING</u>
N/A	N/A

**LINE NO.:** 205 (PURIPDIS)

**FIELD NAME:** PURCHASED INPATIENT SERVICES DISCHARGES

**DATA TYPE (NUMERIC/TEXT):** NUMERIC

**FORMAT:** GENERAL

**DEFINITION:** Number of discharges related to inpatient care services purchased from and provided by another hospital during the reporting period. This situation may arise when the hospital is unable to provide services on-site and is contractually obligated to seek such services elsewhere. This is not a mandatory reporting item, and therefore, may not be reported consistently or uniformly by all hospitals from quarter to quarter. Purchased inpatient discharges are excluded from the discharges reported in Line Numbers 41 through 55.

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<u>VALUES</u>	<u>MEANING</u>
N/A	N/A



## OFFICE OF STATEWIDE HEALTH PLANNING AND DEVELOPMENT

### DATA FIELD DEFINITION

**LINE NO.:** 210 (PURIPDAY)

**FIELD NAME:** PURCHASED INPATIENT SERVICES PATIENT DAYS

**DATA TYPE (NUMERIC/TEXT):** NUMERIC

**FORMAT:** GENERAL

**DEFINITION:** Number of inpatient days of care (census days) for patients whose inpatient care was purchased from and provided by another hospital during the reporting period. This situation may arise when the hospital is unable to provide services on-site and is contractually obligated to seek such services elsewhere. This is not a mandatory reporting item, and therefore, may not be reported consistently or uniformly by all hospitals from quarter to quarter. Purchased inpatient days are excluded from the patient days reported in Line Numbers 61 through 75.

---

<u>VALUES</u>	<u>MEANING</u>
N/A	N/A

**LINE NO.:** 215 (PURIPEXP)

**FIELD NAME:** PURCHASED INPATIENT SERVICES EXPENSES

**DATA TYPE (NUMERIC/TEXT):** NUMERIC

**FORMAT:** GENERAL

**DEFINITION:** Expenses associated with patients whose inpatient care was purchased from and provided by another hospital during the reporting period. This situation may arise when the hospital is unable to provide services on-site and is contractually obligated to seek such services elsewhere. This is not a mandatory reporting item, and therefore, may not be reported consistently or uniformly by all hospitals from quarter to quarter. Purchased inpatient services expenses are included in Line No. 100, Total Operating Expenses.

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<u>VALUES</u>	<u>MEANING</u>
N/A	N/A

## OFFICE OF STATEWIDE HEALTH PLANNING AND DEVELOPMENT

### DATA FIELD DEFINITION

**LINE NO.:** 220 (PURIPREV)

**FIELD NAME:** PURCHASED INPATIENT SERVICES REVENUE

**DATA TYPE (NUMERIC/TEXT):** NUMERIC

**FORMAT:** GENERAL

**DEFINITION:** Total charges recorded by the hospital for patients whose inpatient care was purchased from and provided by another hospital during the reporting period. This situation may arise when the hospital is unable to provide services on-site and is contractually obligated to seek such services elsewhere. This is not a mandatory reporting item, and therefore, may not be reported consistently or uniformly by all hospitals from quarter to quarter. Purchased inpatient services revenue is included in the gross inpatient revenue amounts reported in Line Numbers 121 through 130.

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<u>VALUES</u>	<u>MEANING</u>
N/A	N/A

**OFFICE OF STATEWIDE HEALTH PLANNING AND DEVELOPMENT**

**DATA FIELD DEFINITION**

**APPENDIX A -- 1995 HOSPITAL QUARTERLY FINANCIAL AND UTILIZATION REPORT**

## APPENDIX B -- CALCULATIONS AND FORMULAS

OSHPD calculates and publishes data derived from submitted quarterly reports. A list of common calculated data items and their related formulas follows:

### Utilization Calculations

### Formulas

Average Length of Stay (ALOS)

Patient Days Total (Line No. 70) ÷  
Discharges Total (Line No. 50)

Average Length of Stay (excluding LTC)

[Patient Days Total (Line No. 70) - Patient  
Days Long-term Care (Line No. 75)] ÷  
[Discharges Total (Line No. 50) - Discharges  
Long-term Care (Line No. 55)]

Medicare ALOS

Line No. 61 ÷ Line No. 15

Medi-Cal ALOS

Line No. 62 ÷ Line No. 42

Co. Indigent Programs ALOS

Line No. 63 ÷ Line No. 43

Other Third Parties ALOS

Line No. 64 ÷ Line No. 44

Other Payors ALOS

Line No. 69 ÷ Line No. 49

Licensed Bed Occupancy Rate

Patient Days Total (Line No. 70) ÷ (Licensed  
Beds (Line No. 25) x Days in Report Period)

Days in Report Period is End Date (Line No.  
20) minus Begin Date (Line No. 19) plus  
one.

Available Bed Occupancy Rate

Patient Days Total (Line No. 70) ÷ (Available  
Beds (Line No. 30) x Days in Report Period)

Staffed Bed Occupancy Rate

Patient Days Total (Line No. 70) ÷ (Staffed Beds  
(Line No. 35) x Days in Report Period)

## APPENDIX B -- CALCULATIONS AND FORMULAS (CONTINUED)

### Financial Calculations

### Formulas

Gross Inpatient Revenue Per Discharge	Gross Inpatient Revenue Total (Line No. 130) ÷ Discharges Total (Line No. 50)
Medicare Revenue Per Discharge	Line No. 121 ÷ Line No. 15
Medi-Cal Revenue Per Discharge	Line No. 122 ÷ Line No. 42
Co. Indigent Programs Revenue Per Discharge	Line No. 123 ÷ Line No. 43
Other Third Parties Revenue Per Discharge	Line No. 124 ÷ Line No. 44
Other Payors Revenue Per Discharge	Line No. 129 ÷ Line No. 49
Gross Inpatient Expense Per Discharge	Inpatient Operating Expenses (Line No. ---) ÷ Discharges Total (Line No. 50)
Gross Inpatient Revenue Per Day	Gross Inpatient Revenue Total (Line No. 130) ÷ Patient Days Total (Line No. 70)
Medicare Revenue Per Day	Line No. 121 ÷ Line No. 61
Medi-Cal Revenue Per Day	Line No. 122 ÷ Line No. 62
Co. Indigent Programs Revenue Per Day	Line No. 123 ÷ Line No. 63
Other Third Parties Revenue Per Day	Line No. 124 ÷ Line No. 64
Other Payors Revenue Per Day	Line No. 129 ÷ Line No. 69
Gross Inpatient Expense Per Day	Inpatient Operating Expenses (Line No. ---) ÷ Patient Days Total (Line No. 70)
Gross Outpatient Revenue Per Visit	Gross Outpatient Revenue Total (Line No. 140) ÷ Outpatient Visits Total (Line No. 90)
Medicare Revenue Per Visit	Line No. 131 ÷ Line No. 81
Medi-Cal Revenue Per Visit	Line No. 132 ÷ Line No. 82
Co. Indigent Programs Revenue Per Visit	Line No. 133 ÷ Line No. 83
Other Third Parties Revenue Per Visit	Line No. 134 ÷ Line No. 84
Other Payors Revenue Per Visit	Line No. 139 ÷ Line No. 89
Gross Outpatient Expense Per Visit	Outpatient Operating Expenses (Line No. ---) ÷ Outpatient Visits Total (Line No. 90)
Pre-tax Net Income (Loss)	Net Patient Revenue Total (Line No. 170)+ Other Operating Revenue (Line No. 180) - Total Operating Expenses (Line No. 100) + Net Nonoperating Revenue and Expenses (Line No. 185)